

293075

ACCEPTED FOR PROCESSING - 2020 July 31 10:09 AM - SCPSC - 2020-175-T - Page 1 of 16

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Non-Emergency  
Transportation Certificate from Gloria L. Burgess  
dba Journey Transportation Services, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 175 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Gloria Burgess

Telephone: 843 564-2790

Address: P.O. Drawer 335

Fax:

Scranton, S.C. 29591

Other:

Email: journeymedicaltransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: May 21, 2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Journey Transportation Services, LLC

2615 Olanta Highway ~ Scranton, SC 29591

Street Address of Applicant

P.O. Drawer 335 ~ Scranton, SC 29591

Mailing Address of Applicant (if different from street address)

(803) 564-2790

Phone

Fax

journeymedicaltransportation@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month May Year 2020

**Assets:**

Cash	\$20
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$8,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	\$700
Prepays and Other Assets	0
<b>Total Assets *</b>	<b>\$8,720</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity *</b>	<b>0</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

The maximum charge per mile will be \$5.50.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2000	Dodge Ram Van 3500	2B6LB31Z8YK107446		X

**Exhibit Fit, Willing, and Able (FWA)**

Gloria Burgess  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Gloria L. Burgess

Name of Applicant

2615 Olanta Highway, Scranton, S.C. 29591

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ See attached quote

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$5,000

Hemley Insurance

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).





Gmail

Journey Transportation &lt;journeymedicaltransportation@gmail.com&gt;

## Insurance Quotes

2 messages

rmueller@hemlyins.com &lt;rmueller@hemlyins.com&gt;

Tue, Jul 7, 2020 at 12:29 PM

To: "journeymedicaltransportation@gmail.com" &lt;journeymedicaltransportation@gmail.com&gt;

Mrs. Burgess,

See attached insurance quotes for Journey Medical Transportation. Please review and let me know if you have any questions.

If you are ready to proceed, please sign the attached quotes and return to me at your earliest convenience. I will then send you the binding instructions to get the policies in place.

We look forward to having you as a client. Thank you!

Best regards,

Ron Mueller  
General Manager  
Hemly Insurance Group  
[rmueller@hemlyins.com](mailto:rmueller@hemlyins.com)  
P.O. Box 1241  
Mauldin, SC 29662  
P: (864) 436-0010  
F: (864) 551-2141

Please remember that coverage cannot be bound, amended or cancelled via the voice mail system. You cannot bind, alter, or cancel coverage without speaking to an authorized representative of Hemly Insurance Group, LLC. Coverage cannot be assumed to be bound without written confirmation from an authorized representative of Hemly Insurance Group, LLC.

This e-mail and any attachments are intended only for the individual or company to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure or unauthorized use under applicable law. If you are not the intended recipient of this e-mail, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this e-mail is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system. Recipients should be aware that all emails exchanged with the sender are automatically archived and may be accessed at any time by duly authorized persons and may be produced to other parties, including public authorities, in compliance with applicable laws.



Journey Transportation - Hemly Insurance Quotes - 7.6.20.pdf  
55K

Journey Transportation  
<journeymedicaltransportation@gmail.com>  
To: rmueller@hemlyins.com

Tue, Jul 7, 2020 at 2:28 PM



Hello,

I am sorry....I missed your call....

Thank you for the quotes!!! I do have some questions and will give you a call tomorrow afternoon to discuss them.

Yours Truly,

Gloria Burgess, CEO

Journey Transportation Services, LLC

P.O. Drawer 335

Scranton, S.C. 29591

Phone: (843) 564-2790

[Quoted text hidden]

Journey Medical Transportation  
NEMT Insurance Quote  
As of July 7, 2020

<u>Policy Type</u>	<u>Carrier</u>	<u>Premium</u>	<u>Financing Available</u>	<u>Down Payment</u>	<u>Monthly Payment</u>	<u>No. of Payments</u>	<u>Total</u>
<b>Commercial Auto</b>		\$ 9,705.00	Yes	\$ 1,941.00	\$ 776.40	10	\$ 9,705.00

Commercial Auto Coverages

Limit of Liability	\$ 1,000,000
Uninsured Motorists	25000/50000/25000
Underinsured Motorists	25000/50000/25000
Medical Payments	\$ 5,000
Deductible	\$ 1,000
Symbols	7

<b>General Liability</b>	\$ 3,865.50	Yes	\$ 1,065.13	\$ 270.73	9	\$ 3,521.70
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General / Professional Liability Coverages

Aggregate Limit	\$ 3,000,000
Each Claim Limit	\$ 1,000,000
Products and Completed Operations	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Premises	\$ 50,000
Sexual Abuse / Molestation	\$ 1,000,000
Retention	\$ 2,500

PRINTED NAME

SIGNATURE

TITLE

DATED

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Olivia Buzer  
Applicant's Signature

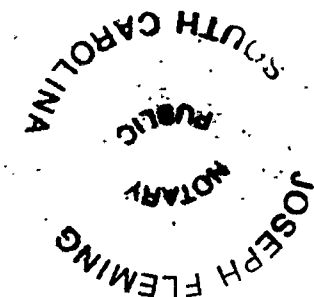
\_\_\_\_\_  
Chief Executive Officer  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Florence )

SWORN TO BEFORE ME  
This 28 day of May, 2020

Joseph Fleming  
Notary Public

Commission Expires \_\_\_\_\_





**Transportation Services, LLC**

**P.O. Drawer 335  
Scranton, S.C. 29591  
(843) 564-2790**

**journeymedicaltransportation@gmail.com**

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July 27, 2020

Public Service Commission  
101 Executive Center Drive, Suite 100  
Columbia, S.C. 29210

Re: Class C Non-Emergency Transportation Application Process

To Whom It May Concern:

Attached please find the Transportation Cover Sheet and my application for a Class C Non-Emergency Application. Also attached is the Certificate of Existence from the South Carolina Secretary of State along with the Articles of Incorporation for the business.

Should you have any questions please do not hesitate to give me a call at (843) 564-2790.

Very Truly Yours,

Gloria Burgess, CEO  
Of Journey Medical Transportation Services, LLC

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

JOURNEY MEDICAL TRANSPORTATION SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 21st, 2016, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 21st day of  
December, 2016

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State



CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Dec 21 2016

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

161221-0125

Filed: 12/21/2016

JOURNEY MEDICAL TRANSPORTATION  
SERVICES, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

## STATE OF SOUTH CAROLINA SECRETARY OF STATE

### ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is JOURNEY MEDICAL TRANSPORTATION SERVICES, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

2615 OLANTA HWY

Street Address

SCRANTON SC

295915754

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

GLORIA LATRICE BURGESS

Electronically filed on SCBOS.

Signature not required.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

2615 OLANTA HWY

Street Address

SCRANTON SC

295915754

City

Zip Code

4. The name and address of each organizer is

a) GLORIA LATRICE BURGESS

Name

2615 OLANTA HWY

Street

SCRANTON

SC US

295915754

City

State

Zip Code

JOURNEY MEDICAL TRANSPORTATION  
SERVICES, LLC

\_\_\_\_\_  
Name of Corporation

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:  
\_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:  
\_\_\_\_\_
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.  
\_\_\_\_\_
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:  
\_\_\_\_\_
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.  
\_\_\_\_\_
10. Signature of each organizer
- Electronically filed on SCBOS. Date 2016-12-21  
Refer to attached signature page. \_\_\_\_\_